

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000021302

**Entity Name:** MATURITY MEDICAL OF PINELLAS, PROFESSIONAL ASSOCIATION

**FILED**  
**Apr 29, 2014**  
**Secretary of State**  
**CC6471215114**

**Current Principal Place of Business:**

502 PASADENA AVE SOUTH  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

502 PASADENA AVE S  
ST PETERSBURG, FL 33707

**FEI Number: 59-3367370**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN ESQ.  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR.  
Name WILLIAMS, OSWALD A  
Address 34149 ST JOE RD  
City-State-Zip: DADE CITY FL 33525

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: OSWALD A WILLIAMS**

**PRESIDENT**

**04/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date